

CLAIMS ONLY

SERIAL NO. _____

FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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31	/					
32	/					
33	/					
34	3					
35	3					
36	/					
37	/					
38	/					
39	/					
40	2					
41	/					
42	/					
43	/					
44	/					
45	/					
46	/					
47	/					
48	/					
49	/					
50	/					
TOTAL IND.	1					
TOTAL DEP.	30					
TOTAL CLAIMS	33					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/544,497
APPLICANT(S)

FILING DATE
4-7-00

B CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			—			
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3			—			
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33			—			
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35			—			
36			—			
37			—			
38			—			
39			—			
40			—			
41			—			
42			—			
43			—			
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45			—			
46			—			
47			—			
48			—			
49			—			
50			—			
TOTAL IND.	27	0	—	1	—	
TOTAL DEP.	26	0	—	32	—	
TOTAL CLAIMS	22	0	—	33	—	

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	IND.	DEP.	IND.	DEP.
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100				
TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				